

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: R7	
TYPE OF NOTIFICATION (O-Original, R-Revised, C-Cancelled): R				
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):				
OWNER NAME: NYCTA				
Address: 2 Broadway				
City: New York	State: NY	Zip: 10004		
Contact Name: Brian McLean		Telephone: (646) 252-3540		
REMOVAL CONTRACTOR: COASTAL Environmental Group, Inc.				
Address: 264 Sills Road, Suite A				
City: East Patchogue	Zip: NY	Zip: 11772		
Contact Name: Richard C. Silva, Jr., Project Manager		Telephone: 631-299-3524		
OTHER CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact Name:		Telephone:		
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): R				
IS ASBESTOS PRESENT? (<u>YES</u> NO) Yes				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: Roosevelt Avenue Station				
Address: Roosevelt Avenue & 74th Street				
City: Jackson Heights	State: NY	County: Queens		
Site Location: Tracks D1, D2, D3, D4, Relay Rooms & Signal Tower				
Building Size: 100,000	# of Floors:	Age In Years: 50 years +		
Present Use: Train Station	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: PLM - Polarized Light Microscopy				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	14,799			
Pipes				Ln Ft: X Ln M:
Surface Area – Square Feet	2,994			Sq Ft: X Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)		Start Date: 9/17/2016		Complete Date: 10/23/2016
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56. NYCT, System Wide Variance# SWV 16-0384**

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: **HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.**

WASTE TRANSPORTER #1

Name: **Tri-State Transfer Associates, Inc.**

Address: **1199 Randall Avenue**

City: **Bronx**

State: **NY**

Zip: **10474**

Contact Name: **Jamie Byrne Baranoff**

Telephone: **718-617-0771**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

WASTE DISPOSAL SITE (#1 or #2)

Name: **Minerva Enterprises**

Location: **9000 Minerva Road**

City: **Waynesburg**

State: **OH**

Zip: **44688**

Telephone: **330-866-3435**

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

Date

I certify that the above information is correct.

Signature of Owner/Operator

Date

NOTIFICATION OF DEMOLITION AND RENOVATION

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City:	State:	Zip:		
Contact Name:			Telephone:	
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WASTE TRANSPORTER #1

Name: **COASTAL Environmental Group, Inc.**

Address: **264 Sills Road Suite A**

City: **East Patchogue**

State: **NY**

Zip: **11772**

Contact Name: **Robert Engel**

Telephone: **631-234-4100**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

WASTE DISPOSAL SITE (#1 or #2)

Name: **Minerva Enterprises**

Location: **9000 Minerva Road**

City: **Waynesburg**

State: **OH**

Zip: **44688**

Telephone: **330-866-3435**

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Signature of Owner/Operator

10/12/2016
Date

I certify that the above information is correct.

Signature of Owner/Operator

10/12/2016
Date